

How GPs were spurred on to embrace entrepreneurship



*Dermot Folan –
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Until the advent of the ICGP, it was not unusual for general practice to be described as a ‘cottage industry.’ Formal training wasn’t widely established, group practices were unusual, remuneration was poor. Frequently the reality was that many GPs set up in their living room with the administration side ignored or handled entirely by their wives – the GP husband being a rare species.

Undoubtedly, GPs were highly skilled and dedicated professionals and respected members of the community because of their clinical care and unique relationships with patients and families. However, the actual organisation and management of practices was often left to chance.

The role of the GP Wives Association in bringing these issues to the fore in the early 1980s should not be underestimated. The group articulated some serious problems that needed to be addressed.

The list was long; professional isolation, stress, lack of security (death, pensions), the hidden costs of the valuable contribution of spouses to the practice, 24-hour commitment, the toll on general practice families and the complete lack of balance of general practice life.

In its first strategy document, the college had the foresight to target the area of practice management and the great gap that existed. Financial management, planning, systems, design of surgeries, employment issues, were all identified as areas where people were floundering and in need of support.

The college looked at how it could best address members’ needs in this area. Basic information – literature, guidelines and protocols – was a start. Training and education for GPs and practice staff and the development of the role of practice manager would also be important. And of course, consultancy and day-to-day assistance would be invaluable. Research was recognised as important but actual practice support and management training were the priorities.

Dermot Folan, who was already working in the college in

administration, was formally appointed as director of the Management in Practice programme in 1989. He had been instrumental in launching the MICGP exam.

His first task was to create a concept of management in practice (rather than practice management) whereby evidence-based, accepted management principles would be brought into general practice. Practice management at administrative level was only a part of this concept.

The 'campaign' began in earnest at the Sligo AGM in 1989 when new and exciting areas were highlighted and discussed. The AGM was wide-ranging – legal requirements to practice, partnerships, disputes, patient record systems, financial management, computer systems, fitting out surgeries, the role of the practice nurse – suddenly people were prepared to engage in a real way about these practical issues.

Meanwhile, another strand of the programme had commenced. The Medsar training programme was developed to prepare new and prospective practice secretaries and receptionists for work in their role. It was developed in conjunction with FAS under the direction of Deirdre Murphy with the support of Annette Elebert. This grew into the staff practice training programme under Romy Moloney.

The first step in terms of creating a bank of information for GPs was the publication of 'General practice – a business enterprise,' and 'Building for general practice – the design and development of practice premises'. This was followed by a series on people management in the practice and the GP's role as employer. A number of years later 'Nursing in the practice – a guide for the general practitioner' was produced as a joint IPNA/ICGP resource.

"Around this time, it was becoming clear that it was impossible for GPs to meet patient expectations or their own expectations for their practices with the level of development that had been there in terms of being in single-handed practice and not having time, facilities or staffing to grow", recalls Dermot Folan.

"I had done some work on entrepreneurship, small business development and also human resources, both academically and in my previous work in the public and private sector. The parallels between entrepreneurs and general practitioners were similar in my view.

"Entrepreneurs tend to be focused on their 'speciality' area but often lack the ancillary and wider knowledge, skills and competencies needed when the business takes off. Whether this is in financial or people management areas, they have the capacity to work really hard but can become frustrated when others seem not to share their single-minded determination.

"Similarly, GPs given their long clinical training focused on direct patient care but did not anticipate that the successful running of the practice required more than purely clinical skills. This did not always service them well when the practical reality of independent practice hit home", Dermot said.

"Just as entrepreneurs are strongly focused and sensitive to the needs of their client/consumer, general practitioners offer personal care services that best matches their patients' needs. Studies also showed that GPs matched the typical personality profile of entrepreneurs.

"Behind most successful GPs was the hidden hand of that indefatigable creature, the GP spouse. This was common to other entrepreneurs who are often supported by family.

"It's difficult to recall those times but the earning capacity of a GP in 1986 was £20-£25,000 for public contracts with the rest from private income. This was only about £30-£50,000 gross. On this financial basis there was little capacity to expand or develop services."

There was some reluctance to the overt consideration of the practice also as business. The tension between the profession of medicine and the business of medicine was explored in the late Conal O'Doherty's Foundation Lecture in 1989.

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becoming clear and more accepted that the personal finances of a GP were separate to the financial performance of the practice.”

Eileen Caulfield, writing in *Forum* at this time on the theme ‘Why general practice needs to be sold’, described general practice as being both an art and a science, requiring competent business management to utilise skills for the full benefit of patients. Thus providing the resolution to the ‘is it a business or not a business’ debate.

“Management in practice was now being discussed by heavyweights in general practice and I felt this was a good spring-board for the programme to develop – we had members’ attention”, says Dermot. “The college executive were fully behind the initiative and in particular the support and the ever-practical guidance of Michael Dunne was always to hand”.

The Finance Act 1992 heralded a major sea-change. This brought in self-assessment and gave the Revenue draconian new powers. This had the effect of spurring GPs to taking a more professional approach to financial management. There were several big changes in the late 1980s/early 1990s which had an impact on general practice income and its set-up – the reviews of the GMS contract which brought capitation fees, pensions and subsidies for ancillary staff and the practice nurse, and also the change in guidelines on advertising and promotion in the medical profession, and the rapid development of IT.

Forum, Journal of the ICGP, was relaunched as a monthly publication in October 1991 and this was and has subsequently been a key factor in driving home the messages from the Management in Practice programme. A question and answer page was introduced.

Another milestone in the programme was the development of the first management course for GPs. “Using best practice and small group learning, we gently challenged participants about their perceptions and assumptions about themselves, their patients and their practice.

Dermot recalls that on a personal level, he found the prospect of running this course quite daunting but participants were keen to explore better ways of management their practices and to embrace new ideas.

“While the majority on the first course were GPs, practice spouses, practice managers and nurses were also represented and all learned from one another’s experience

and wisdom.

The Management in Practice programme has kept growing to keep up with the demands and needs of members.

From direct advice, to publications and training courses, to practice-based consultancy and mediation services, web-based information, the programme has tried to keep up with the changing world of general practice and left no stone unturned.

In 2004, a joint initiative was undertaken with Abbey House Medical Centre, linking the programme formally with a large group practice – supporting the development of the role of practice and business development manager in this practice. This in turn augmented the training courses, with Barry O’Brien appointed as course tutor on both the management in practice diploma and GP registrar courses.

The Management in Practice programme now offers a diploma and certificate course supported through E learning.

“We regularly review the changing needs of practice and practice personnel and attempt to meet these demands”, said Dermot. “Future plans include a practice managers’ conference and a series of one-day seminars and external accreditation”.

The Management in Practice programme has also supported the Health in Practice service and the Network of Establishing GPs (NEGS).

“There are two aspects that also drive the success of this programme firstly, college members and practice managers have been and are open about the challenges they face and in sharing these we have been able to structure and supply solutions that are effective for all. The second is that the programme would not operate or be the success it is were it not for the capable and efficient input of the programme administrator, Margaret Cunnane. The knowledgeable, enthusiastic and warm support she has provided to managers, staff and GP members over many years has proved invaluable.

“Jean Power and Romy Moloney have made a significant contribution to training provision by the programme over many years, bring to bear their wide experience of working at the real coal face of general practice”.

Dermot Folan is now assistant CEO of the college and holds responsibility for the MICGP exam, certification and membership.

– Geraldine Meagan